AUGUSTA UNIVERSITY
Educational Innovation Institute

WHY COMPETENT TRANSGENDER PATIENT CARE MATTERS – A CALL TO HEALTH PROFESSIONS EDUCATORS

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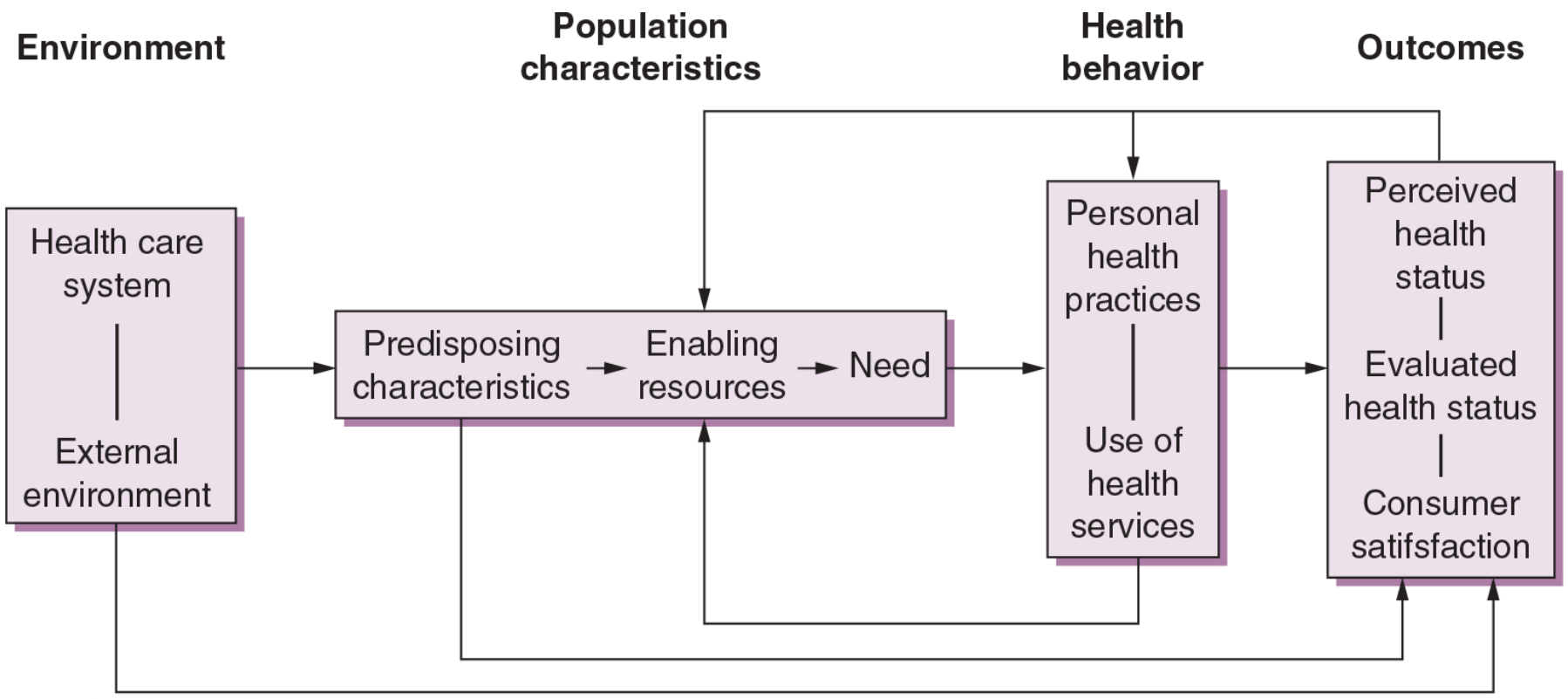
DISCRIMINATION AND DELAYED HEALTH CARE AMONG TRANSGENDER WOMEN AND MEN: IMPLICATIONS FOR IMPROVING MEDICAL EDUCATION AND HEALTH CARE DELIVERY



Source: Laurita M. Hack, Jan Gwyer: Evidence into Practice Integrating Judgment, Values, and Research
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Andersen Behavioral Model of Health Care Use

NATIONAL TRANSGENDER DISCRIMINATION SURVEY (NTDS)

- 70-question online survey about variety of experiences
- Developed by interprofessional team of researchers, lawyers, grassroots organizers, and LGBT movement leaders
- 6436 transgender respondents

CSRA NEEDS ASSESSMENT SURVEY

- 436 participants who identify as Lesbian, gay, bisexual, and/or transgender (LGBT)
  - 349 Cisgender Sexual Minorities
  - 56 Transgender
- Items that reviewed past and present health and mental health concerns
- Looked at negative provider interactions

1. Refused Care
2. Treated Poorly due to Sexual Orientation
3. Treated Poorly due to Gender Identity
4. Refused to Touch me/Used Excessive Precautions
5. Used Harsh or Abusive Language
6. Blamed me for my Health Status
7. Need More LGBT Education

TRANSGENDER HEALTH DISPARITIES (NATIONALLY)

- Four times the national average of HIV infection
- 26% of respondents misused drugs or alcohol to cope with the mistreatment due to gender identity or expression
- 30% reported smoking daily
  - Compared to 20.6% general population
- 41% attempted suicide
  - Compared to 1.6% of the general population
- 26% had been physically assaulted at some point in their lives
- 10% had been sexually assaulted at some point in their lives

TRANSGENDER HEALTH DISPARITIES (CSRA)

- 53% experienced some form of discrimination in their lives
- 62% reported experiencing depression
- 33% considered attempting suicide
- 14 days on average/month of poor mental health
- Non-cisgender identity correlated to having used tobacco at some point in their lives

BARRIERS TO SEEKING HEALTH CARE (NATIONALLY)

- When sick or injured, reported postponing medical care due to:
  - 28% Discrimination
  - 48% Inability to afford it
- 28% reports verbal harassment in a doctor's office
- 19% had been refused treatment because of transgender identity
- Four times more likely to have a household income of less than $10,000/year compared to general population
- Lacked health insurance compared to general population
  - 19% vs. 17% general population

BARRIERS TO SEEKING HEALTH CARE (CSRA)

- 59% reported having no primary care provider
- 42% reported having no insurance
- Higher rates of reporting low household income
- More mistreatment by healthcare providers
  - Excessive precautions used or provider refused to touch patient (27%)
  - Patient blamed for their healthcare status (27%)
  - Harsh or abusive language toward patient (32%)
  - Physically rough or abusive behavior toward patient (8%)

STUDY FINDINGS

Trans men

More likely to delay care related to discrimination than trans women

Factors: minority race, sexual orientation, education level, age, employment, needing to teach health care providers about people who are transgender.

Trans women

Factors: minority race, age, income, being uninsured, needing to teach health care providers about people who are transgender.

In both populations: **having to teach health care providers about people who are transgender were 4x more likely to delay health care due to discrimination than those that did not.**

PROVIDER BARRIERS

- Lack training that provide knowledge and understanding about transgender communities, identities, health disparities, language

  --Discomfort, uncertainty, creating an unwelcoming environment

- Conscious and unconscious bias
- More likely than not, the health care environment does not encourage provides to increase competency

DISCUSSION QUESTIONS

- What challenges or barriers, if any, have you experienced or think exist for educators in integrating transgender health into the curriculum?

- What advances, if any, has your health profession made to promote a climate that values provider competency in transgender health?

- What could we do to more effectively implement transgender health education into the curriculum?
  - Carve-out verses integrated approach?
  - When in the curriculum?
  - Classroom verses clinical experience?

JOURNAL OF HOMOSEXUALITY SPECIAL ISSUE:

AN INTERDISCIPLINARY APPROACH TO LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CLINICAL COMPETENCE, PROFESSIONAL TRAINING, AND ETHICAL CARE

M. BIDELL AND L. STEPLEMAN (EDS)

- Contextualizing Competence: Language and LGBT-Based Competency in Healthcare
- What Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Patients Say Doctors Should Know and Do: A Qualitative Study
- Sexual and Gender Minority Health Curricula and Institutional Support Services at US Schools of Public Health
- Advancing LGBT Healthcare Policies and Clinical Care within a Large Academic Healthcare System: A Case Study
- A Qualitative Study Examining Young Adults' Experiences of Disclosure and Non-Disclosure of LGBTQ Identity to Healthcare Providers
- The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS): Establishing a New Interdisciplinary Self-Assessment for Health Providers

REFERENCES

- Adams, J. (2010). Lambda Legal Releases Health Care Discrimination Survey Results; More Than Half of LGBT and HIV Positive Respondents Report Discrimination [Press release]. Retrieved from http://www.lambdalegal.org/news/ny_20100204_lambda-releases-health
- Grant, J.M., Mottet, L., Tanis, J.E., et al. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality.